

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037073

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

267

Primary Registration District No.

3089

Registrar's No.

183

STATE FILE NUMBER

FILED SEP 25 1963

1. PLACE OF DEATH

a. COUNTY

Pemiscot

b. CITY (If outside corporate limits, give TOWNSHIP only)

Hayti

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Pemiscot Co. Mem.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Pemiscot

admission)

c. CITY
OR
TOWN

Hayti

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

206 E. Jackson

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Annie

Middle

Idnia Thompson

Last

4. DATE
OF
DEATH

Month

Day

Year

9 - 17 - 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-1-1881

9. AGE (last birthday)

82

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Bolivar Tenn

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

White

13b. MOTHER'S MAIDEN NAME

Edwards

W.B. Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

W.B. Thompson

17. INFORMANT

Address

Hayti, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

1. Cardiac Failure -
congestive heart failure
2. Hypertensive crisis
3. renal diseaseINTERVAL BETWEEN
ONSET AND DEATH

4 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-17-62 to 9-17-63 and last saw her alive on 9-17-63

Death occurred at 5 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Attorney at Law

22b. ADDRESS

200 S. 4th Hayti, Mo.

22c. DATE SIGNED

9-20-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9-19-1963

23c. NAME OF CEMETERY OR CREMATORY

Little Prairie

23d. LOCATION (City, town, or county)

Cathlamet, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

John W. German Funeral Home, Hayti, Mo.

25. DATE RECD: BY LOCAL REG.

9-21-63

26. REGISTRAR'S SIGNATURE

Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0781

2 0781

3

4 1

5 1

6

7 1

8 0

9 442X

10

11

12 1-0

13 1-0

OCT 8 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Denver Pike

Licensed Embalmer No. 4484

P. O. Address Caruthersville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.